## **Attachment A - Disaster Recovery Requirements Worksheet for:**

Company Name:	Date: 5-10-01			
Contact Name:	Mr. Eugene Akers	Title:	Manager, Planning and Development	
Address:	64 N. Union Street, Suite 785	Telephone:	(334)353-4363	
	Montgomery, AL 36130	Facsimile:	(334)242-3912	
Hotsite &/or Mobi	le:			

System I.D.	Processor			Interfaces	GB Disk	Tape Drive(s)	Optical Drives	Ports	
	Type & Model	OpSys	# cpu's	MB Memor			Model (qty)	GB (# platters)	Type (qty)
	IBM 9672-R94	OS390 2.9	9	8,000	IBM Channels, OSA(Token Ring, Ethernet)	500	IBM 3490E - QTY 24 STK 9840 - QTY 4	N/A	IBM 3745-610 16 Meg Memory
System I.D.	Printers	Terminals	Networ	k & Data Com	munications	Commets	(MIRRORING, RAID	), SPECIAL CONSII	DERATIONS)
	Xerox Laser (2) Must be remote print	3270 Emul (12)	Frame Relay Token Ring	, IBM NCP, TCP-IF	P, SNA, Ethernet,	All DASD mu	st be RAID 5 Archit	ecture	

<u> </u>		T	
		I.	